

State of Tennessee TENNESSEE ATHLETIC COMMISSION DEPARTMENT OF COMMERCE AND INSURANCE

500 JAMES ROBERTSON PARKWAY NASHVILLE, TENNESSEE 37243

APPLICATION FOR PROMOTER

Type or print legibly. Please include with this application:	
[] Fee (\$50 application fee and \$500 licensing f	ee)
[] 2 Photographs	
[] Surety bond executed to the State of Tennes	see in the amount of not less than \$25,000.00
Full Name	
Last First	Middle
Professional/ ring name(s) if different from above	
Mailing Address	
City	State/Zip
County	Phone No
E-Mail Address	
Date of Birth	City/State
Citizen of (State/Foreign Country)	
Have you ever had a boxing, mma, or kickboxing Yes [] No [] If "yes," please provide a full explanation.	related license refused, suspended or revoked?
List any states or localities in which you hold or had and how many years you have had that license.	ave held a license of the type for which you are applying
Have you ever been convicted of a felony or misd If "yes," please provide a full explanation of the ch	
	-
Are you delinquent with any federal, state, or loca	Itaxes? Yes[] No[]
If "yes," please explain.	

Register Agent Information: Name	Telephone ()	
Street	City Sta	ate Zip
Current Name and Address of all co	orporate officers, owners, or principals:	
Name	Address	
knowledge. I understand that it is m immediately, if any of my responses understand the statutes and rules g understand that any misrepresentat	made in this application are true and acc y obligation to notify the Tennessee Athl s to the above questions change. I furthe overning the regulation of unarmed com ion on this application or violation of app revocation and/ or other applicable legal	letic Commission, in writing, er affirm that I have read and bat in this State, and I blicable rules and statutes
Applicant's Signa	nture	Date